

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215517077						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Petula Prolix Development Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2015</p> <p>SCC ID NO: F1467366</p> </div> </div>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IA</p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>4,200</td> </tr> <tr> <td>PREFANV</td> <td>20,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	4,200	PREFANV	20,000,000
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: ATTN SHIRLEY HOLLISTER, G-031-W40 711 HIGH ST</p> <p style="text-align: center;">CITY/ST/ZIP: DES MOINES, IA 50392-0306</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RANDALL C MUNDT TITLE: P/CIO ADDRESS: 711 HIGH ST CITY/ST/ZIP/CO: DES MOINES, IA 50392-0306 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: RANDALL C MUNDT TITLE: P/CIO ADDRESS: 711 HIGH ST CITY/ST/ZIP/CO: DES MOINES, IA 50392-0306	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KAREN E SHAFF TITLE: EVP/GC/SEC ADDRESS: 711 HIGH ST CITY/ST/ZIP/CO: DES MOINES, LA 50392-0306 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KAREN E SHAFF TITLE: EVP/GC/SEC ADDRESS: 711 HIGH ST CITY/ST/ZIP/CO: DES MOINES, LA 50392-0306	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA A BAILEY FINANCE DIR 711 HIGH STREET DES MOINES, IA 50392	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA A BARRY ASST SECRETARY 711 HIGH STREET DES MOINES, IA 50392	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRETT A CASSABAUM ASST DIRECTOR 711 HIGH STREET DES MOINES, IA 50392	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JILL M HITTNER CFO - PGI 711 HIGH STREET DES MOINES, IA 50392	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA A MCKENZIE EXEC DIRECTOR 711 HIGH STREET DES MOINES, IA 50392	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS R POSPISIL ASST GC 711 HIGH STREET DES MOINES, IA 50392	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIA M LAWLER DIRECTOR 711 HIGH STREET DES MOINES, IA 50392	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES P MCCAUGHAN DIRECTOR 711 HIGH STREET DES MOINES, IA 50392	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PATRICIA A BARRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA A BARRY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/30/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			